



2010 YOUTH FOOTBALL CAMP

(revised 6/1/10)

July 26, 27, 28, 29

Cost: \$50

11:00am – 12:30pm

Grades 3-8

This is a non contact camp to teach the fundamentals of Titan football and have fun. Campers will be grouped by age and ability level.

Detach and return the below portion to WSHS

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Please complete this application, including parent or guardian's signature. Return this form with a check for \$50 made out to Titan Power and mail to 1776 Titan Dr. NW Salem Oregon 97304.

Camper's Name: _____ Age: _____ Grade next fall: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

I hereby authorize the staff of Titan Power Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liabilities for any injuries or illnesses incurred while at camp. I know of no mental or physical problems which might affect my child's ability to participate in this camp. I understand that insurance will not be provided for campers

Parent/Guardian Signature: _____ Date: _____